



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

November 14, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Blue Mango, 221 South 9th Street requesting a class C liquor license.

This location was previously known as Coco's which held a liquor license.

Alejandra Lopez has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Alejandra Lopez was born in Omaha, Nebraska. She is currently attending the University of Nebraska.

Alejandra Lopez employment history is as follows:

2012 - 2013	CRS, Lincoln Electric System	Lincoln, NE.
2011 - 2012	Sales, Farm Bureau	Lincoln, NE.

The applicant has completed the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR TEMPORARY
OPERATING PERMIT (TOP)**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

- ☐ Enclose completed application for liquor license from purchasers
- ☒ Enclose document showing sale of business; document may be in the form of purchase agreement/contract, management agreement or promissory note. Must include purchase date or closing date within 2-3 weeks of requesting TOP. Must show name of business being sold. Must be signed by seller.

NAME OF EXISTING BUSINESS (SELLER) AND LICENSE #

COCOS Night Club Blue Mango Holdings LLC
On (date) 16th of September 2013 seller and buyer entered into a contract for sale of the business known as COCOS Night Club (DBA)

Buyer seeks to obtain a Temporary Operating Permit (TOP) to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02. A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

[Signature]
Signature of Seller

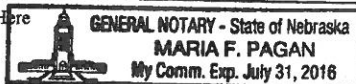
State of Nebraska

County of LANCASTER

The forgoing instrument was acknowledged before me this 09/12/2013
Date

[Signature]
Notary Public Signature

Affix Seal Here



[Signature]
Signature of Buyer

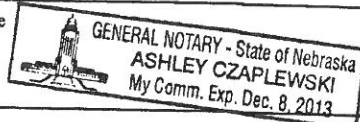
State of Nebraska

County of LANCASTER

The forgoing instrument was acknowledged before me this 9-17-13
Date

[Signature]
Notary Public Signature

Affix Seal Here



PREMISE INFORMATION

Trade Name (doing business as) Blue Mango Holdings LLC
Street Address #1 221 S. 9th St. Lincoln NE 68508
Street Address #2 506 Pier 1 St. Lincoln NE 68507 Home
City _____ County _____ Zip Code _____
Premise Telephone number (402) 318-4404 (cell) E-mail lopezale08@yahoo.com
Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Alejandra Lopez
Street Address #1 ~~506 Pier 1 St~~ 221 S. 9th St
Street Address #2 _____
City Lincoln State NE Zip Code 68508

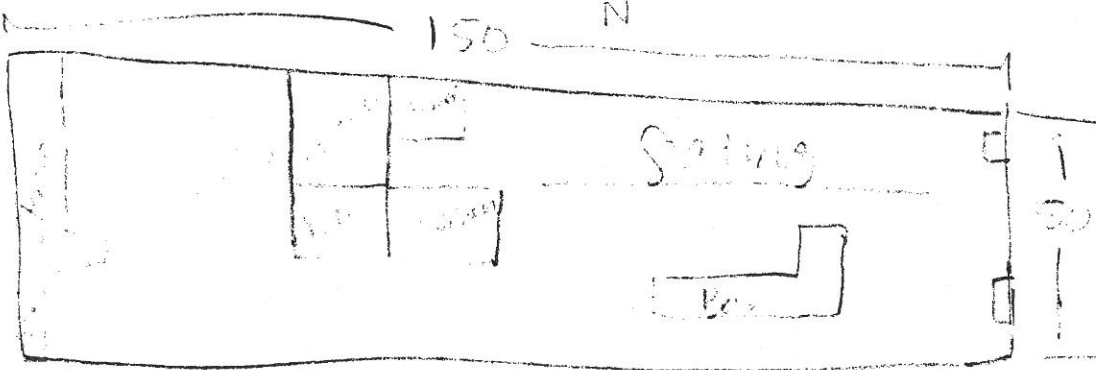
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 150 feet
Width 50 feet
Is there a basement? Yes ☒ No ☐

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Alejandra Lopez	4/17/2009	NS	Traffic Violation	Traffic Violation \$125 Fine

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number 084757

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number 084757

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Alejandra Lopez

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Blue mango Holdings

LLC Address: 506 Pier 1 St.

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: (402) 318-6604 LLC Fax Number: _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Lopez First Name: Alejandra MI: N

Home Address: 506 Pier 1 St. City: Lincoln

State: NE Zip Code: 6852 Home Phone Number: (402) 318-6604

Alejandra Lopez
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

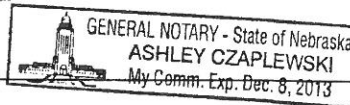
The foregoing instrument was acknowledged before me this

by Alejandra Lopez
name of person acknowledge

10-22-13
Date

ASH

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: LOPEZ First Name: Alejandra MI: N

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Lopez First Name: Alejandra MI: N

Home Address (include PO Box if applicable): 506 Pier 1st.

City: Lincoln County: Lancaster Zip Code: 68528

Home Phone Number: N/A Business Phone Number: (402) 318-6604

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Omaha, NE

Email address: lopezale08@yahoo.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☐ NO

Widow

Spouse's information

CONTROL COMMISSION

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
506 Pier 1st 68507	11	13			
522 D St 68502	10	11			
506 Pier 1st 68507	03	10			

*Of the United States,
in Order to form a more perfect Union,
establish justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Surname / Nom / Nachname
LOPEZ

Given Names / Prénoms / Nombres
ALEJANDRA NATHA

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

DATE OF BIRTH / DATE DE NAISSANCE / FECHA DE NACIMIENTO.

Place of birth / Lieu de naissance / Lugar de nacimiento
NEBRASKA, U.S.A.

Date of issue / Date de livraison

~~29 May 2008~~

Date of expiration / Date d'expiration / Fecha de caducidad

28 May 2018

Enquêtes spéciales / Sondages

SEE PAGE 27

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USA

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